



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINED LAND RECLAMATION
P. O. DRAWER 900; BIG STONE GAP, VA 24219
TELEPHONE: (276) 523-8234

**APPLICATION FOR RECERTIFICATION
DMLR ENDORSEMENT
BLASTER'S CERTIFICATION**

NAME			
	Last	First	Middle Initial
ADDRESS			
	Street/P. O. Box	City/State	Zip Code
Telephone No.			

<input type="checkbox"/>	I was previously certified as a Blaster by the Division of Mines. (DM Certification number →)	
Please check the type of Recertification being applied for:		
<input type="checkbox"/>	To take the Division of Mined Land Reclamation's endorsement examination. I understand that to be certified, I must achieve the required score (85% or better) to receive the endorsement. Should I fail to achieve the acceptable score, I understand that I must retake the Division of Mine's Blaster's examination and the DMLR endorsement examination. The DM will inform me of the appropriate examination date(s).	

<input type="checkbox"/>	To obtain the Recertification, based upon Work Experience. I understand that the Division may approve recertification based upon my work experience as a certified blaster during two of the last three years for the following surface coal mining operations. I have provided a description of my experience in blasting related activities for the following company(ies) on Page 2 of this application form:		
	Company Name		Address
	Permit No(s).		
	Certification of Blasting Experience	I hereby affirm, with knowledge of the penalties provided under 45.1-246(G) ¹ of the Code of Virginia , that I worked for _____ months with this company in a capacity which demonstrates my competency in blasting activities.	
	Company Name		Address
	Permit No(s).		
	Certification of Blasting Experience	I hereby affirm, with knowledge of the penalties provided under 45.1-246(G) of the Code of Virginia , that I worked for _____ months with this company in a capacity which demonstrates my competency in blasting activities.	

Signature		Date	
-----------	--	------	--

¹ 45.1-246(G): "Whoever knowingly makes any false statement, representation or certification, or knowingly fails to make any required statement, representation or certification, in any application, shall, upon conviction thereof, be punished by a fine of not more than ten thousand dollars, or by confinement in jail for not more than twelve months, or both."

Company Name	
---------------------	--

I hereby affirm that the person applying for the aforementioned recertification has worked for this company during the following specified period in a capacity which demonstrates blaster's competency:

Job Title of Applicant		Employment Date, from		to	
Brief Description of Duties Performed					

Company Official's Name (print)		Title	
Signature		Date	

NOTARIZATION:

State of _____, County/City of _____ to wit:

Subscribed and affirmed to before me by _____ this _____ day
of _____, 20 ____.

Notary Public Signature		My Commission Expires (attach seal)	
------------------------------------	--	--	--

Company Name	
---------------------	--

I hereby affirm that the person applying for the aforementioned recertification has worked for this company during the following specified period in a capacity which demonstrates blaster's competency:

Job Title of Applicant		Employment Date, from		to	
Brief Description of Duties Performed					

Company Official's Name (print)		Title	
Signature		Date	

NOTARIZATION:

State of _____, County/City of _____ to wit:

Subscribed and affirmed to before me by _____ this
____ day of _____, 20 ____.

Notary Public Signature		My Commission Expires (attach seal)	
------------------------------------	--	--	--